CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

HIV/AIDS PREVENTION

Facts about

Human Immunodeficiency Virus Type 2

In 1984, three years after the first reports of a disease that was to become known as AIDS, researchers discovered the primary causative viral agent, the human immunodeficiency virus type 1 (HIV-1). In 1986, a second type of HIV, called HIV-2, was isolated from AIDS patients in West Africa, where it may have been present decades earlier. Although HIV-1 and HIV-2 are similar in their viral structure, modes of transmission, and resulting opportunistic illnesses, they have differed in their geographic patterns of infection, with the United States having few reported cases as of December 1996.

Testing for HIV-2 antibody is available through private physicians or state and local health departments. This testing is recommended for persons with risk factors for HIV-2 infection—for example, West Africans who have engaged in high-risk behaviors, sex partners of West Africans, persons who have received blood transfusions in West Africa, and children born of HIV-2-infected mothers. HIV-2 testing is also indicated in persons with an illness that suggests HIV infection (such as an HIV-associated opportunistic infection) in whom HIV-1 testing is not positive.

Testing of persons infected with HIV-2 shows a similar antibody development to persons infected with HIV-1. Antibody seems to become generally detectable within 3 months of infection. Since 1992, all U.S. blood donations have been tested with a combination HIV-1/HIV-2 enzyme immunoassay test kit which is sensitive to antibodies to both viruses.

Although there is not enough information on the natural history of HIV-2 to give an average incubation time, some reports have suggested that HIV-2 has a longer incubation than HIV-1. Since HIV-2 also causes immunodeficiency in infected persons, the early symptoms will probably be similar. However, as with HIV-1, symptoms alone do not indicate whether or not a person is infected with HIV-2.

The first case of HIV-2 infection in the United States was diagnosed in 1987. Since then, the Centers for Disease Control and Prevention (CDC) has worked with

state and local health departments to collect demographic, clinical, and laboratory data on persons with HIV-2 infection. Through December 31, 1996, 67 cases of HIV-2 infection have been reported in the United States. Multiple cases were reported from eight states (California-2, Georgia-2, Massachusetts-10, Maryland-9, Michigan-2, New Jersey-3, New York-26, and Rhode Island-3), and a single case was reported from ten states (Connecticut, Delaware, Florida, Illinois, Mississippi, Ohio, Pennsylvania, Texas, Washington, and West Virginia). Of the 67 infected persons, 59 are black and 43 are male. Forty-seven were born in West Africa, 6 in the United States, and 2 in Europe. The region of origin was not identified for 12 of the persons, although 4 of them had a malaria-antibody profile consistent with residence in West Africa. Thirteen have developed AIDS-defining conditions and eight have died. These case counts represent minimal estimates because completeness of reporting has not been assessed; reporting varies from state to state according to state policy.

Continued surveillance is needed to monitor HIV-2 in the U.S. population, since the possibility for further spread of HIV-2 exists, especially among injecting drug users and persons with multiple sex partners. Programs aimed at preventing transmission of HIV-1 can also help to prevent and control the spread of HIV-2.

For more information, contact:

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